MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09937322

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51				2		
2		1						52				4		
3		2						53				4		
4		(1)						54				4		
5		(1)						55				4		
6		(1)						56				4		
7		(1)						57				4		
8		(1)						58				4		
9		(1)						59				4		
10								60				4		
11	1							61				4		
12		(1)						62				4		
13	1							63				4		
14		(1)						64				4		
15		(1)						65				4		
16		(1)						66				4		
17		(1)						67				4		
18		(1)						68				4		
19		(1)						69				4		
20		(1)						70				4		
21		(1)						71				4		
22		(1)						72				4		
23		(1)						73				4		
24		(1)						74						
25		(1)						75			1			
26		(1)						76			1			
27		(1)						77			1			
28		(1)						78				4		
29		(1)						79						
30		(1)						80						
31		(1)						81						
32	1							82						
33		(1)						83						
34		(1)						84						
35		(1)						85						
36	1							86						
37								87						
38				1				88						
39				1				89						
40				1				90						
41				1				91						
42				1				92						
43				2				93						
44				1				94						
45				1				95						
46				2				96						
47				2				97						
48				2				98						
49				2				99						
50				2				100						
TOTAL IND.	↓		↓		↓			TOTAL IND.			↓	8	↓	
TOTAL DEP.								TOTAL DEP.				99		
TOTAL CLAIMS								TOTAL CLAIMS				117		

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)